

SEXUALLY TRANSMITTED DISEASE (STD) REGISTRY

1. Date		2. Interviewer			3. Reportable medical event system	
4. Name (Last, First, Middle)			5. Date of birth		6. Cards for follow up	
7. Family member prefix	8. Sponsor's social security number	9. Rank (if military)	10. Race	11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Home phone	
13. Address					14. Work phone	
15. Branch (if military) <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> USCG		16. Unit name and address (if military)				
17. Drug allergies						18. Pain level
19. Diagnosis			20. STD counseling date		21. Route of transmission	
22. Prevention of STDs		23. Educational material <input type="checkbox"/> Given <input type="checkbox"/> Not given <input type="checkbox"/> Refused		24. STD is <input type="checkbox"/> Confirmed <input type="checkbox"/> Negative <input type="checkbox"/> Pending lab results		25. Follow up lab tests <input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos
26. Current medications						
27. Treatment received						
28. Comments						
29a. In accordance with AR 600-110, I will comply with the follow up HIV testing at 3, 6 and 12 months if my initial HIV test is negative.			29b. Patient's signature			29c. Date signed

HIV/STD Prevention Counseling Risk Reduction Plan

30. Current risk behavior(s) and circumstances	
31. Safe goal behavior(s)	
31a. Previous successes	
31b. Safer goal behavior(s)	
32. Personal action plan	
32a. Barriers	32b. Benefits
32c. Action steps	

33. Referrals		
34. Summary and close		
35a. Clinician's printed name	35b. Signature	35c. Date
36. Contacts		
<i>a. Name</i>	<i>b. Address & Telephone Number</i>	<i>c. Action Taken</i>
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
		<input type="checkbox"/> Notified <input type="checkbox"/> Referred
37. Last sexual contact		
38. Comments		